pearance of a dark circle around the eyes. In almost every case the appetite remained unimpaired. M. Gimelle regards this plan of treatment as the most successful ever yet proposed for the treatment of dropsy of the synovial membranes.—*Ibid.* from *Bulletin de l'Acad. Royale de Méd.* July 4, 1840.

46. *Treatment of Syphilitic Ulcers by Ioduret of Iron.*—M. Baumes, chief surgeon of the hospital at Lyons, has of late used this new ferruginous preparation with most satisfactory results in the treatment of old and obstinate syphilitic ulcers, especially when the state of the system of the patient was at the same time feeble and scrofulous. He administered it in the form of pills with Thebaic extract, increasing the dose of the ioduret from two or three to twelve or twenty grains in the course of twenty-four hours. Along with the cicatrisation of the sores, the improvement of the general health was most remarkable; the appetite improved, the muscular strength increased, and the complexion acquired the florid hue of vigorous health. The salt, no doubt, is taken into the circulation, and acts on the blood itself, as well as on the capillary vessels in every part of the body.—*Med. Chirurg. Rev.* Oct. 1840.

47. *Compound comminuted fracture of the Elbow—cure without Amputation.*—The 3d of last January, M. Lallemand presented to the Society of Practical Medicine of Montpellier a man 32 years of age, who had been cured of a very serious wound. This man whilst at work, in February, 1839, in building a house, was struck by a large beam, which fell from a height of about twelve feet, and which caught his right arm against a stone and crushed a great part of the elbow. A portion of the fractured articular extremities of the ulna and the humerus had to be extracted, and the elbow joint was extensively opened. This workman entered the hospital seventeen days after the accident in order to undergo amputation. M. Lallemand, considering the robust constitution of the subject, determined to wait. Healthy granulations soon sprouted from the bottom of the wound, and the cure was complete at the end of three months. At the time of presentation, the humero-cubital articulation was anchylosed, but the superior radio-cubital articulation was capable of motion; nevertheless, nearly all the motions of pronation and supination were performed by the aid of the scapulo-humeral articulation.—*Lancette Française—Journ. de Soc. de Méd. prat. de Montpellier*, Mai, 1840.

48. *Memoranda on Cutaneous Transplantations.*—When erysipelas comes on in the face after a rhino-plastic operation, it is usually arrested at the edges or limits of the restored part. This was especially remarkable in the case of a patient operated on by Dieffenbach, at the hospital St. Louis in Paris.

M. Ricord also has published a similar instance. On the seventh day after the operation, the patient began to experience pain under the chin, and at this part an erysipelatous redness was visible. Next day this had extended over the entire face, the newly-made nose alone remaining intact; it was cold, insensible, and, as it were, indifferent to what was going on all around it. Although the local inflammation was very severe, it was ultimately subdued; yet at no time did the new nose participate in it.

Dieffenbach mentions that one of his patients, on whom he had operated, was attacked with jaundice, during which the entire face—with the exception of the nose, which remained white—became as yellow as a guinea.

M. Phillips insists very particularly on the necessity of keeping the newly-formed organ very cool with refrigerant lotions, and even of drawing blood freely from it as well as from the adjacent parts, and never of applying—as has too often been done—spirituous or other stimulating washes for the purpose of exciting the circulation. The condition of the transplanted tissues seem to be very nearly analogous with that of frost-bitten parts; in the case of which, it is well known, the application of heat and exciting substances must be carefully avoided. As illustrative of the same fact, M. Phillips goes on to state:—

. . . . "Dieffenbach remarked that in cholera patients, who recovered, the healing of wounds was effected with greater rapidity than in persons in perfect health; as if the diminished activity of the cutaneous circulation rendered it better fitted for any plastic processes. He observed that the wound bled very little, if at all, the dermis being almost void of blood; and that the edges of the incision were not red as usual, but rather of a yellowish-red colour. . . . . Again, if we call to mind the surprising unions of parts which have been entirely separated from the body, are we not led to conclude that the immediate union of wounds will be the more readily effected just in proportion as the parts are the least gorged with blood? The management, therefore, of rhino-plastic injuries should be so directed as to bring and keep the tissues in this state of vacuity."

M. Phillips proceeds to point out an error which is too commonly committed by most surgeons in the treatment of recent wounds, that of bringing the edges in contact as quickly as possible after their division, and before the oozing of blood has ceased. Now, it is not until this has quite stopped, that the secretion of the coagulable or plastic lymph commences; and it must surely be obvious that, if any coagula of blood are interposed between the lips and the wound, the agglutinative process must necessarily be impeded. Dieffenbach observed, in some experiments which he performed on rabbits, that the chances of union, after the transplantation of a portion of the integuments, were always greater when the flap was not replaced for several minutes after it had been excised.

"In most of the cases, too, of successful union of detached noses or fingers in the human subject, some time has accidentally elapsed between the occurrence of the accident and the re-application of the part."

. . . . . "That a vitality continues for a considerable time in parts detached from the body, is often very apparent after some operations.

"Thus in a case of hydro-sarcocele, where Dieffenbach removed a large portion of the skin along with the diseased mass, he noticed that, in about a quarter of an hour afterwards, this portion of skin had contracted upon itself, so as to exhibit the usual puckered appearance of the scrotum on leaving a very cold bath. On stretching it out, and pouring cold water upon it, it again contracted into numerous wrinkles."

M. Phillips proceeds to state that—

"When a part is entirely detached, its natural red colour disappears, and it becomes very pale, although very little blood has flowed from it. The vessels of the surface contract, and drive the blood into the sub-dermoid tissues. In a few minutes after the separation, this great paleness diminishes; some dark blood oozes from the divided edges; and we may ascertain with a magnifying glass that it is expelled by the contraction of the vessels. If the blood be wiped away, the wound again becomes red; but the blood is now thinner, and if again removed it becomes quite watery, and the edges begin to be coated with coagulable lymph; they then contract upon themselves, so as to cause the centre to bulge out."*

Should the hæmorrhage from any of the divided blood-vessels, after autoplastic operations, prove troublesome, *tortion*, and never the *ligature*, should invariably be had recourse to. The presence of a ligature, however minute, is always most unfavourable to immediate union. If the stopped blood-vessel seems gorged with blood after the hæmorrhage has ceased, one or two scarifications should be made, to remove the sanguineous congestion; which we have already explained is very prejudicial to the success of the reparative process,

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* The convexity of the flap exists even after the most successful union; it is the more decided when the substance of the flap is thin, and much less so when a layer of muscular substance has been detached at the same time.

This tendency of the flap to contract around its edges, so as to cause the centre to become convex, is of great utility in rhino-plastic operations; as it is by this invariable law that the surgeon is able to secure a proper prominence to the new nose. When a flap has a free edge, which is not brought and kept in contact within another incised surface, this edge turns inwards upon itself and contracts very close adhesions. It is in this manner that the nostrils of the new organ are apt to become quite obliterated, if precaution has not been taken to evert and secure by a stitch or two a portion of the flap, so as to induce an immediate union.

M. Phillips thus points out some of the anatomical conditions of the flap taken from the forehead in a rhino-plastic operation, on which its success very materially depends.

"It is indispensible that it should contain one artery at least. Hence the importance of prolonging the incisions to the angle of the eye, so that the pedicle of the flap contains the internal angular artery to supply it with blood. And then again, it is equally necessary that the blood, which is conveyed to it by the arteries, should be returned by veins, else the new nose will perish from congestive asphyxia. Indeed it is wonderful that this does not occur oftener than it really does, when we consider that not only are almost all the direct communicating branches between the arteries and the veins cut across, but that the blood in the divided arteries is prevented, in a great measure, from escaping, in consequence of the compression of the edges of the flap by the numerous sutures used to retain it in position."

"The destruction of the flap may arise from three different causes—from defective circulation, from excessive or superabundant circulation, and from suppuration.

"If the pedicle be twisted too firmly, the vessels must necessarily be compressed, and the circulation through them be consequently more or less interrupted; the flap in consequence becomes pale, loses its heat, and speedily mortifies. But this does not occur so frequently as the mortification from accumulation or congestion of blood in consequence of its obstructed return through the veins. Under such circumstances, the mortification usually takes place in that part of the flap which is furthest distant from the pedicle.

"After the asphyxia now described, suppuration is the most formidable evil to be dreaded in the management of rhino-plastic operations. The destruction commences at the edges, which swell, puff out, and separate from each other. This calamity is more apt to occur when the twisted suture has been used."*—*Med. Chirurg. Rev.* July, 1840, from *Bulletin Méd. Belge.*

49. *Therapeutic Considerations on Obliterations of the Veins in the Treatment of Varix and Varicose Ulcers.*—M. JOBERT relates in the *Bulletin Gén. de Thérap.* for May, 1840, six cases, and he says that he could describe twelve others, in all of which the treatment of varicose veins by producing the obliterations of their trunks by needles and twisted sutures, or other means, though at first it seemed promising, had ultimately proved completely unsuccessful. In all the patients who were thus treated the varicose ulcers returned a short time after they left the hospital, as it was believed perfectly cured; and the return took place in these cases more rapidly than in all probability it would if only the ordinary treatment by rest, poultices, and bandages had been pursued.—*Brit. and For. Med. Rev.* Oct. 1840.

50. M. GUERIN *on Subcutaneous Wounds.*—Every one has heard of the proposal, or rather now the practice, of M. Guerin of Paris, in the treatment of lateral curvatures of the spine—the subcutaneous division of several of the muscles of the back.

From what he recently stated to the Royal Academy, he has met with extraordinary success. "I have, in nearly fifty cases, divided more or less completely most of the muscles of the back and spine—viz: the trapezius, the

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* If the destruction from this cause be considerable, it may be necessary to perform a second operation, and re transplant a fresh portion of healthy integument. But if it be only at one angle, we may succeed by the repeated application of the tincture of cantharides, in exciting the granulating process sufficiently to fill up the ulcerated space.